

Fall Swim Lessons

Tuesday & Thursday Evenings

Session # Dates (Registration Dates)

1. **Sept 18-Oct 11 (Aug 3, 5am - Deadline Sept 15)**
2. **Oct 23 – Nov 15 (Oct 5, 5am - Deadline Oct 20)**

| | | | | |
|-----------------|-----------------|-----------------|---------------------------------|------------------------------------|
| 4:00- 4:30pm | 4:35- 5:05pm | 5:10- 5:40pm | 5:45- 6:15pm | 6:20- 6:50pm |
| All Levels | All Levels | All Levels | All Levels | All Levels, Guppies |
| | | Guppies | Adult Beginning 5:45-6:20 | Adult Intermediate 6:25-7:00 |

Guppies;

Ages: 6 months - 4 Years

Cost: \$38/\$45 (Res/Non-Res)

Includes 8 lessons, 30 min each

All Levels;

Ages: 3 - 16 Years

Cost: \$38/\$45 (Res/Non-Res)

Includes 8 lessons, 30 min each

Adults;

Ages: 16+ Years

Cost: \$45/\$52 (Res/Non-Res)

Includes 8 lessons, 35 min each

Saturday Mornings

Session # Dates (Registration Dates)

A September 15-November 10*

(August 6, 5am - Deadline Sept 12)

*** NO CLASS OCTOBER 20th Fall Break**

| | | | | |
|-----------------|------------------|-------------------|---|--|
| 9:00- 9:30am | 9:35- 10:05am | 10:10- 10:40am | 10:45- 11:15am | 11:20- 11:50am |
| All Levels | All Levels | All Levels | All Levels | All Levels |
| | Guppies | Guppies | Adult Beginning 10:45- 11:20am | Adult Intermediate 11:25am- 12:00pm |

Participant's Name _____

Age _____ Birthdate _____ Male/Female Grade _____ School _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Phone _____ E-mail _____

Emergency Contact _____ Relation _____ Phone Number _____

Has participant taken Swim Lessons before? No ____ Yes ____ Last Level Completed _____

Level: ____ Session: ____ Time: ____ Preferred Instructor: _____

Does the participant have any limitations? No/Yes If yes, please explain: _____

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which I, as the participant, (or my child) may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, and agree to all of their terms and conditions. **NO make-up lessons for missed classes. Registrations will NOT be accepted after the deadline. Refunds will NOT be given after 1st day of class. If my child has any special needs or limitations I will let the Park Center know before the first day of class.**

Signature of Parent/Guardian

_____/_____/2018

Date



Office Use Only

Paid \$ _____

CASH CHECK VISA

DISC AMEX MC

Date: _____ Staff: _____



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